REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 6 1 51 PM '99

1. NAME OF COMMITTEE (in full)
NATIONWIDE POLITICAL PARTICIPATION CMTE

ADDRESS (number and street) ☐ Check if different than previously reported

ONE NATIONWIDE PLAZA

CITY, STATE and ZIP CODE

COLUMBUS, OH 43216

2. FEC IDENTIFICATION NUMBER
C00076174

3. ☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☒ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelfth day report preceeding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY 5. Covering Period 06/01/99 through 06/30/99	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1999		$ 29,060.31
(b) Cash on Hand at Beginning of Reporting Period	$ 21,507.76	
(c) Total Receipts (from Line 19)	$ 3,604.29	$ 18,989.74
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 25,112.05	$ 48,050.05
7. Total Disbursements (from Line 30)	$ 10,700.00	$ 33,638.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).	$ 14,412.05	$ 14,412.05
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
DUANE CAMPBELL

Signature of Treasurer: Duane M Campbell

Date: 7-2-99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 5/93)

0704AN101

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE
NATIONWIDE POLITICAL PARTICIPATION CMTE

REPORT COVERING PERIOD
FROM 06/01/99 TO 06/30/99

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	208.50	258.50
ii. Unitemized	3,299.23	18,489.93
iii. Total (add i and ii) ▸	3,507.73	18,748.43
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add a iii, b and c) ▸	3,507.73	18,748.43
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets to Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates & Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	96.56	241.31
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ▸	3,604.29	18,989.74
20. Total Federal Receipts (subtract line 18 from line 19) ▸	3,604.29	18,989.74
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0.00	0.00
ii. Non-Federal Share	0.00	0.00
b. Other Federal Operating Expenditures	0.00	188.00
c. Total Operating Expenditures (add a i, a ii, and b) ▸	0.00	188.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	10,700.00	33,450.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441a(d))(use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0.00	0.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contribution Refunds (add a, b and c) ▸	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▸	10,700.00	33,638.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ▸	10,700.00	33,638.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	3,507.73	18,748.43
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	3,507.73	18,748.43
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ▸	0.00	188.00
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) ▸	0.00	188.00

FE4002C1

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)

NATIONWIDE POLITICAL PARTICIPATION CMTE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. JANEE E BROCK 2533 LANCASTER-KIRKERSVILLE RD LANCASTER, OH 43130	NATIONWIDE INSURANCE EXECUTIVE	06/04/99 06/18/99	20.00 20.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Aggregate Year-to-Date > $ 240.00		
B. DANNY M FULLERTON 5285 WOODBRIDGE AVENUE POWELL, OH 43065	NATIONWIDE INSURANCE EXECUTIVE	06/04/99 06/18/99	6.25 6.25
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Aggregate Year-to-Date > $ 262.50		
C. STEPHEN A JOHNSON 5125 MT HOLYOKE RD COLUMBUS, OH 43221	NATIONWIDE INSURANCE EXECUTIVE	06/04/99 06/18/99	20.00 20.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Aggregate Year-to-Date > $ 240.00		
D. JOHN M TOMARNICKY 30 RUNDLET COURT WESTERVILLE, OH 43081	NATIONWIDE INSURANCE EXECUTIVE	06/04/99 06/18/99	20.00 20.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Aggregate Year-to-Date > $ 240.00		
E. ELDON A ZIEGLER 12944 CENTERBURG ROAD SUNBURY, OH 43074	NATIONWIDE INSURANCE EXECUTIVE	06/04/99 06/18/99	18.00 18.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Aggregate Year-to-Date > $ 216.00		
F. H C ZIMMER 2435 COVENTRY RD COLUMBUS, OH 43221	NATIONWIDE INSURANCE EXECUTIVE	06/04/99 06/18/99	20.00 20.00
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Aggregate Year-to-Date > $ 240.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other:	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	306.50
TOTAL This Period (last page this line number only)	308.50

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SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

NATIONWIDE POLITICAL PARTICIPATION CMTE

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NATIONWIDE FINANCIAL SERVICES ONE NATIONWIDE PLAZA COLUMBUS, OH 43216		06/03/99	49.50
Receipt For: [ ] Primary [ ] General	Occupation		
[X] Other: INTEREST INCOME	Aggregate Year-to-Date > $ 241.31		

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NATIONWIDE FINANCIAL SERVICES ONE NATIONWIDE PLAZA COLUMBUS, OH 43216		06/28/99	45.33
Receipt For: [ ] Primary [ ] General	Occupation		
[X] Other: DIVIDEND INCOME DATED 05/28/99	Aggregate Year-to-Date > $ 241.31		

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General	Occupation		
[ ] Other:	Aggregate Year-to-Date > $		

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General	Occupation		
[ ] Other:	Aggregate Year-to-Date > $		

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General	Occupation		
[ ] Other:	Aggregate Year-to-Date = $		

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General	Occupation		
[ ] Other:	Aggregate Year-to-Date > $		

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General	Occupation		
[ ] Other:	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	96.56
TOTAL This Period (last page this line number only)	96.56

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 8

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

NATIONWIDE POLITICAL PARTICIPATION CMTE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
A. FRIENDS OF SESSICKS FOR SENATE COMMITTEE 4121 CARMICHAEL RD. SUITE A MONTGOMERY, AL 36106	JEFF SESSICKS U S SENATE AL Disbursement for: [X] Primary [ ] General [ ] Other:	06/21/99	250.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			250.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 8
	FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

NATIONWIDE POLITICAL PARTICIPATION CMTE

A. Full Name, Mailing Address and ZIP Code DICKEY FOR CONGRESS COMMITTEE P.O. BOX 8766 PINE BLUFF, AR 71611	Purpose of Disbursement JAY DICKEY U S CONGRESS AR004 Disbursement for: 00 Primary ☐ General ☐ Other:	Date (month, day, year) 06/22/99	Amount of Each Disbursement this Period 500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			500.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 8
	FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

NATIONWIDE POLITICAL PARTICIPATION CMTE

A. Full Name, Mailing Address and ZIP Code BRIAN BILBRAY FOR CONGRESS P.O. BOX 455 RANCHO SANTE FE SAN DIEGO, CA 92067	Purpose of Disbursement BRIAN BILBRAY U S CONGRESS CA043 Disbursement for: [00] Primary [ ] General [ ] Other:	Date (month, day, year) 06/25/99	Amount of Each Disbursement this Period 500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			500.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 4 OF 8
	FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

NATIONWIDE POLITICAL PARTICIPATION CMTE

A. Full Name, Mailing Address and ZIP Code ELIZABETH DOLE FOR PRES. EXPLOR. CMTE. P.O. BOX 59247 WASHINGTON, DC 20037	Purpose of Disbursement ELIZABETH DOLE PRESIDENT 59 Disbursement for: [50] Primary [ ] General [ ] Other:	Date (month, day, year) 06/22/59	Amount of Each Disbursement this Period 3,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			3,000.00

FEC/NN101

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

NATIONWIDE POLITICAL PARTICIPATION CMTE

A. Full Name, Mailing Address and ZIP Code HEATHER WILSON FOR CONGRESS P.O. BOX 14070 ALBUQUERQUE, NM 87191	Purpose of Disbursement HEATHER WILSON U S CONGRESS NM001 Disbursement for: [00] Primary [ ] General [ ] Other:	Date (month, day, year) 06/22/99	Amount of Each Disbursement this Period 500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			500.00

FE4/NL01

SCHEDULE B — ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

NATIONWIDE POLITICAL PARTICIPATION CMTE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
JACK QUINN FOR CONGRESS P.O. BOX 2012 BLASDELL, NY 14219	JACK QUINN U S CONGRESS NY030 Disbursement for: 00 Primary ___ General ___ Other:	09/22/99	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			500.00

FEC8200101

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

NATIONWIDE POLITICAL PARTICIPATION CMTE

A. Full Name, Mailing Address and ZIP Code FRIENDS OF BOEHNER 7909 CINCINNATI DAYTON ROAD WEST CHESTER, OH 45069	Purpose of Disbursement JOHN BOEHNER U S CONGRESS OH000 Disbursement for: 00 Primary ☐ General ☐ Other:	Date (month, day, year) 06/02/99	Amount of Each Disbursement this Period 450.00
B. Full Name, Mailing Address and ZIP Code BOB NEY FOR CONGRESS COMMITTEE P.O. BOX 490 ST. CLAIRSVILLE, OH 43950	Purpose of Disbursement BOB NEY U S CONGRESS OH018 Disbursement for: 00 Primary ☐ General ☐ Other:	Date (month, day, year) 06/24/99	Amount of Each Disbursement this Period 500.00
C. Full Name, Mailing Address and ZIP Code BOB NEY FOR CONGRESS COMMITTEE P.O. BOX 490 ST. CLAIRSVILLE, OH 43950	Purpose of Disbursement BOB NEY U S CONGRESS OH018 Disbursement for: 00 Primary ☐ General ☐ Other:	Date (month, day, year) 06/24/99	Amount of Each Disbursement this Period 500.00
D. Full Name, Mailing Address and ZIP Code OXLEY FOR CONGRESS COMMITTEE 1530 "O" ST., NW WASHINGTON, DC 20005	Purpose of Disbursement MIKE OXLEY U S CONGRESS OH004 Disbursement for: 00 Primary ☐ General ☐ Other:	Date (month, day, year) 06/29/99	Amount of Each Disbursement this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code TIBERI 2000 865 MACON ALLEY COLUMBUS, OH 43206	Purpose of Disbursement PATRICK TIBERI U S CONGRESS OH Disbursement for: 00 Primary ☐ General ☐ Other:	Date (month, day, year) 06/29/99	Amount of Each Disbursement this Period 2,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional) ...			4,450.00

FEBRAN01

SCHEDULE B — ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 8 OF 8

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

NATIONWIDE POLITICAL PARTICIPATION CMTE

A. Full Name, Mailing Address and ZIP Code SANTORUM 2000 COMMITTEE 128 NORTH COLUMBUS STREET ALEXANDRIA, VA 22314	Purpose of Disbursement RICK SANTORUM U S SENATE PA Disbursement for: [00] Primary [ ] General [ ] Other:	Date (month, day, year) 06/23/99	Amount of Each Disbursement this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	10,700.00

FE6A0101

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 7-2-99
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

SH — PREPARER

7-6-99 — DATE PREPARED

(4/98)